



Business Employees' Skills Training (BEST) Application Manual

Prepared by:

Wisconsin Department of Commerce
Bureau of Business Finance
201 West Washington Avenue
P.O. Box 7970
Madison, WI 53707

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SUMMARY INFORMATION

The Business Employees' Skills Training (BEST) program was established by the Wisconsin Legislature to help small businesses upgrade the skills of their workforce. Under the BEST program, Commerce can provide applicants with a tuition reimbursement grant to help cover a portion of the costs associated with training employees.

ELIGIBLE APPLICANTS:

Eligible applicants include Wisconsin for-profit businesses that have 25 or fewer full time employees or annual sales of less than \$2.5 million and are in one of the following Industrial Clusters:

- Automation
- Agriculture/Food Products
- Biotechnology
- Information Technology
- Manufacturing
- Medical Devices
- Paper/Forest Products
- Printing
- Tourism
- Childcare (does not include in-home childcare)

ELIGIBLE EMPLOYEES:

Only costs incurred to train full-time employees are eligible.

ELIGIBLE PROJECT COSTS:

Eligible Project Costs are limited to tuition costs for courses that are directly related to the employee's work requirements.

Note: All training must be provided by a qualified independent third party that is acceptable to Commerce.

INELIGIBLE PROJECT COSTS:

- Costs incurred to train part-time and/or seasonal employees.
- Costs incurred prior to Commerce making a formal funding decision.

MATCH REQUIREMENT:

Applicants will be required to provide a cash match of at least 25% of the Eligible Project Costs.

FUNDING AVAILABILITY:

The maximum funding available is 75% of Eligible Project Costs up to a maximum of \$1,000 per full-time

employee trained and a maximum of \$5,000 per business.

UNDERWRITING CRITERIA:

Given the limited funds available, projects are awarded on a competitive basis. Although Commerce can provide up to 75% of Eligible Project Costs, the actual level of participation, if any, is determined by an analysis of the following:

- Whether the business is in an Industrial Cluster.
- The wage level and benefit package provided to the employee being trained in relation to the cost of the training.
- The impact the training will have on the applicant's business operations.
- Viability of the applicant.
- Qualifications of the trainer.
- Whether the business is located in a Development Zone.
- Availability of funds and previous awards made to the applicant.

THE APPLICATION PROCESS:

Applications may be obtained by contacting Commerce's Business Development Assistance Center at:

1-800 HELP-BUS (1-800-435-7287)
or by accessing Commerce's website at:
www.commerce.state.wi.us

The applicant will complete the application manual and submit it to Commerce for review by a Business Finance Specialist. The Business Finance Specialist will underwrite the project and make a funding recommendation. The applicant will receive a decision in approximately 15 business days from Commerce's receipt of a **complete** application. **Incomplete applications will be withdrawn from consideration for funding.**

If the grant is approved, the applicant will enter into a contract with Commerce that details the terms and conditions of the award.

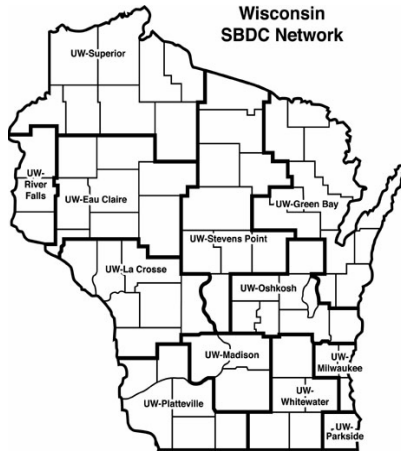
INFORMATION ON TRAINING PROGRAMS:

Although there are numerous eligible training providers within the state of Wisconsin, Commerce recommends that you first contact your local technical college or Small Business Development Center. These entities can help you identify and develop a training program that will adequately meet your needs.

SMALL BUSINESS DEVELOPMENT CENTER LOCATIONS AND PHONE NUMBERS

State Office

Phone: 608/263-7794



UW-Eau Claire SBDC	Phone: 715/836-5811
UW-Green Bay SBDC	Phone: 920/465-2407
UW-La Crosse SBDC	Phone: 608/785-8782
UW-Madison SBDC	Phone: 608/263-7680
UW-Milwaukee SBDC	Phone: 414/227-3240
UW-Oshkosh SBDC	Phone: 920/424-1453
UW-Parkside SBDC:	
Kenosha County	Phone: 262/697-4525
Racine County	Phone: 262/638-1713
UW-Platteville SBDC	Phone: 608/342-1038
UW-River Falls SBDC	Phone: 715/425-0620
UW-Stevens Point SBDC	Phone: 715/346-3838
UW-Superior SBDC	Phone: 715/394-8351
UW-Whitewater SBDC	Phone: 262/472-3217

www.uwex.edu/sbdc

WISCONSIN TECHNICAL COLLEGE SYSTEM LOCATIONS AND PHONE NUMBERS

Blackhawk	Phone: 608/758-6900
Chippewa Valley	Phone: 715/833-6200
Fox Valley	Phone: 920/735-5645
Gateway	Phone: 262/564-2200
Lakeshore	Phone: 920/693-8213
Madison Area	Phone: 608/246-6100
Mid-State	Phone: 715/422-5300
Milwaukee Area	Phone: 414/297-6600
Moraine Park	Phone: 800/472-4554
Nicolet Area	Phone: 715/365-4410
Northcentral	Phone: 715/675-3331
Northeast Wisconsin	Phone: 920/498-5700
Southwest Wisconsin	Phone: 800/362-3322
Waukesha County	Phone: 877/463-9282
Western Wisconsin	Phone: 800/322-9982
Wisconsin Indianhead	Phone: 800/243-9482

www.tec.wi.us



Please mail your completed application to:

**Wisconsin Department of Commerce
Director of Business Finance
201 W. Washington Avenue
P.O. Box 7970
Madison, WI 53707**

<p>NOTE: INCOMPLETE APPLICATIONS WILL BE WITHDRAWN FROM CONSIDERATION FOR FUNDING.</p>

**WISCONSIN DEPARTMENT OF COMMERCE
BUSINESS EMPLOYEES' SKILLS TRAINING (BEST) APPLICATION**

BUSINESS INFORMATION	
Applicant (Business Name):	
CEO Name: <input type="checkbox"/> Ms. or <input type="checkbox"/> Mr.	
CEO Title:	
Business Address:	
City, State, Zip:	County:
Tele. #:	Fax #:
Internet Web Page Address if Available: WWW.	
Federal Employer ID Number:	
Legal Structure of the Business? <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor	
Is the Business Women Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Business Minority Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, the Minority Classification is: <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleut <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Native American	
Is the Business be Owned by a Person With a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:	
Name:	Title:
Tele. #:	Fax #:
E-mail Address:	
BACKGROUND INFORMATION ON THE BUSINESS:	
Date Co. Established:	Where Established:
Total Co. Employment:	WI Employment:
List All Current WI Locations:	

BUSINESS DESCRIPTION				
Please describe the business including the products or services provided. Also, please mark the appropriate Industrial Cluster that the business is in. (Must be in an Industrial Cluster to be eligible for BEST funding)				
<input type="checkbox"/> Automation	<input type="checkbox"/> Agriculture/Food Products	<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Medical Devices	<input type="checkbox"/> Paper/Forest Products	<input type="checkbox"/> Printing	<input type="checkbox"/> Tourism	<input type="checkbox"/> Childcare (does not include in-home childcare)

**WISCONSIN DEPARTMENT OF COMMERCE
BUSINESS EMPLOYEES' SKILLS TRAINING (BEST) APPLICATION**

HISTORICAL FINANCIAL INFORMATION

Please provide the following sales and income information for the past three years as reported on your tax returns:

FYE DATED:	/ /	/ /	/ /
Total Sales			
Net Income			
For all businesses other than sole-proprietorships, please also provide the following			
Total Assets			
Total Liabilities			
Equity			

OWNERSHIP INFORMATION

Name: (First, Middle Initial, Last)	Social Security Number*	Ownership %:
1.		
2.		
3.		
4.		
All Others:		
*Required to run a credit report		Total: 100%

LEGAL INFORMATION

Has the applicant, any officer, subsidiary or affiliate ever been involved in any lawsuits in the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant, any officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any YES responses:	

EMPLOYEE BENEFIT INFORMATION

	None	Individual	Family
Check (✓) the type of health insurance you provide:			
Percent of premiums that are by the company:		%	%
Average deductible that is paid by employees:		\$	\$
What other benefits do you provide to the workforce:			
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Childcare Reimbursement			
<input type="checkbox"/> Other:			

COURSE INFORMATION AND COST
COMPLETE ONE ATTACHMENT A FOR EACH COURSE (make additional copies as necessary)

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100%

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BENEFIT INFORMATION [1]

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**WISCONSIN DEPARTMENT OF COMMERCE
BUSINESS EMPLOYEES' SKILLS TRAINING (BEST) APPLICATION
ATTACHMENT C
CERTIFICATION STATEMENT**

THE APPLICANT:

1. Certifies that to the best of its knowledge and belief, the information being submitted to Commerce is true and correct.
2. Certifies that Commerce is authorized to obtain a credit check on the applicant and any business or individual that currently has an ownership interest (20% or more) in the applicant.
3. Certifies that it is a for profit business that has 25 or fewer full time employees or annual sales of less than \$2.5 million and is in one of the following Industrial Clusters:
Automation Agriculture/Food Products Biotechnology Information Technology Manufacturing
Medical Devices Paper/Forest Products Printing Childcare (does not include in-home childcare)
4. Certifies that the training participants are full-time employees.
5. Understands that the program is a competitive process and that not all applications are funded.
6. Understands that unless it qualifies as trade secret, all information submitted to Commerce is subject to Wisconsin's Open Records Law.

The applicant requests that Commerce treat the following items as TRADE SECRET:

		Yes	No	NA
A	Historical business financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Section 6 is left blank then all information provided to Commerce will be open to examination and copying.

Signature: _____ Date: _____
(Authorized Representative)

Name: _____ Title: _____
(Authorized Representative)

**INSTRUCTIONS FOR COMPLETING
TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION
(SUBSTITUTE W-9)**

(Found on the following page)

For all projects approved by Commerce, the following TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION/SUBSTITUTE W-9 form is used as a reference for issuing checks to Recipients. Commerce will file with the IRS appropriate income tax forms for award Recipients based on information that appears on this form. Failure to provide this information may result in delayed payments from Commerce. This request is being made at the direction of the Wisconsin State Controller. We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code.

Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI
Sole Proprietorships: Enter Last Name, First Name, MI
All Others: Enter Legal Name of Business

Only the name to which the Social Security Number you are submitting was assigned should be entered on the first line. The name of a partnership, corporation, club, or other entity, must be entered on the first line exactly as it was registered with the IRS when the Employer Identification Number was assigned.

Trade Name

Individuals: Leave Blank
Sole Proprietorships: Enter Business Name
All Others: Complete only if doing business as a D/B/A

Remit Address

Address where **payment** should be sent if different from primary address

Order Address (NOT APPLICABLE)

Primary Address

Address where 1099 should be sent if different from remit address

Entity Designation

Check *ONE* box which describes the type of business entity.

Taxpayer Identification Number

LIST ONLY ONE:

Social Security Number OR Employer Identification Number *OR* Individual Taxpayer Identification Number.

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service. DO NOT submit your name with a Tax Identification Number that was not assigned to your name.

Certification

The person signing this document should be a partner in the partnership, an officer of the corporation, the name of the individual listed or sole proprietor listed under legal name.

Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.



DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

This form can be made available in alternative formats to qualified individuals upon request.

<p>➤ Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First, MI</p> <p>➤ Trade Name If doing business as (D/B/A) or enter business name of Sole Proprietorship</p> <p>➤ Remit Address (where check should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <p>➤ Order Address (where order should be mailed) PO Box or number and street, City, State, ZIP + 4</p> <p>➤ Primary Address (for return of 1099 form if different from remit address) PO Box or number and street, City, State, ZIP + 4</p>	<p>➤ Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation (includes service corporations) <input type="checkbox"/> Limited Liability Company – Partnership <input type="checkbox"/> Limited Liability Company – Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> All Other Entities</p> <p>➤ Taxpayer Identification Number (TIN) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.</p> <p>_____</p> <p>Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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➤ **Certification**
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number ()
Signature		Date (mm/dd/ccyy)

For Agency Use Only		
Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

Return this form to the address listed below.

Department of Commerce – Bureau of Business Finance
201 West Washington Avenue
P.O. Box 7970,
Madison, WI 53707

Forms may be returned by use
or FAX Number: ()

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BENEFIT INFORMATION			
ANTICIPATED EMPLOYEE BENEFITS	None	Individual	Family
Check (✓) the type of health insurance you expect to provide:			
Percent of premiums you anticipate to be paid by the company:		%	%
Anticipated average deductible to be paid by employees:		\$	\$
What other benefits do you expect to provide to the workforce: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Childcare Reimbursement <input type="checkbox"/> Other:			